

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

10/069403

FILING DATE

APPLICANT(S)

821/07 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1		1	
2						
3		2		1		1
4		2		1		1
5		2		1		1
6		2		1		1
7		1		1		1
8	1		1		1	
9						
10		1		1		1
11		2		1		1
12		2		1		1
13	1		1		1	
14	1		1		1	
15		1		1		1
16		1		1		1
17	1				1	
18					1	
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49						
50						
TOTAL IND.	↓		6		7	
TOTAL DER.	↓		11		11	
TOTAL CLAIMS	↓		17		18	

	★		★		★	
	IND.	DER.	IND.	DER.	IND.	DER.
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98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DER.	↓		↓		8	
TOTAL CLAIMS	↓		↓		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS